



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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BUS SVCS DIV

2024 JAN 22 P 2:05

1. Entity ID Number <u>000124963</u>		2. Exact name of the Corporation <u>Unikel, Inc.</u>	
3. Principal Office Address <u>145 Bodwell Street</u>		City <u>Avon</u>	State <u>MA</u>
Zip <u>02322</u>			
4. NAICS Code <u>517012</u>	6. Brief description of the character of business conducted in Rhode Island <u>Install / Service Phone Systems</u>		
5. State of Incorporation <u>MA</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Michael Worster</u>		Vice-President Name	
Street Address <u>7 Union Street</u>		Street Address	
City <u>N. Easton</u>	State <u>MA</u>	Zip <u>02356</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		<u>0</u>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Representative <u>Michael Worster</u>		Date <u>3-12-2019</u>	
Signature of Authorized Representative <u>Michael Worster</u>			

FILED

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 22 2024

FORM 630 - Revised: 2/2023